

Archaeology Summer Camp: Camp Application Form

Please fill out this form indicating the requested camp (full day or half day). Each camp serves K-6 (half day for K-2; full day for grades 3-8).

Name of parent or guardian: _____

Address: _____

Tel: () _____ (h) / () _____ (w) /
email: _____

Student(s): _____ Age(s): _____

Highest finished grade: _____ (as of June) School: _____

Requested week and venue (ex: June 5-9, Albany):

Circle applicable bullets:	
•Full Day program cost (9:00 am - 4:00 pm daily)	\$250.00
•Half Day program cost (9:00am - 12:30pm daily)	\$150.00
•Aftercare (if needed for full day kids only, 4:15 - 5:15 pm, M-Th)	\$30.00
•Reservation only (non-refundable; balance due by June 1st)	\$50.00
Amount enclosed:	\$ _____

Consent agreement: I, the undersigned, agree to pay the listed fees for academic programming (and aftercare, if I request or need it) in the week(s) indicated above, for the summer camp program described in the info sheet. I have read this agreement and the material enclosed in the application or online at the TAP website. Upon enrollment I understand that a 60% refund of the program cost (not including the reservation fee, if any) maybe be obtained up to a week prior to the program and 40% within a week of the beginning of the indicated enrollment week. No refunds will be given in the case of a child's withdrawal after the beginning of any program.

Likewise, reservation fees are not refundable.

Signed _____ Date _____

Send to: The Archaeological Perspective, PO Box 38161, Albany, NY, 12203-8161

(for office use only)

c# _____ / _____ @ _____ c# _____ / _____ @ _____